

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 JUN 10 PM 12:56

Full Name of Committee <b>Committee to Elect Andrea Peeples for Judge</b>						Registration Number, if PAC <b>FRANKLIN COUNTY BOARD OF ELECTIONS</b>				
Full Name of Candidate <b>Andrea C. Peeples</b>										
Street Address <b>21 E. State Street</b>						Office Sought <b>Franklin County Municipal Court Judge</b>		District		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>		
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b>	Post-Primary		Pre-General		Post-General		Annual Year
	July			August		September				Semiannual
	Monthly			Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M <b>1</b>	D <b>1</b>	Y <b>0 8 0 5</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	7,400.00
2. Total monetary contributions (From Form No. 3)	\$	6,630.00
3. Total other income (From Form No. 34-A)	\$	0.00
4. Total funds available (sum of lines 1, 2, & 3)	\$	14,030.00
5. Total monetary expenditures (From Form No. 3)	\$	5,135.59
6. Balance on hand (line 4 minus line 5)	\$	8,894.41
7. Value of in-kind contributions received (From Form No. 3)	\$	51.42
8. Value of in-kind contributions made (From Form No. 3)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 3)	\$	7,500.00
10. Outstanding debts owed by committee (From Form No. 3)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 3)	\$	0.00
12. Value of independent expenditures made (From Form No. 160)	\$	0.00
13. For Electronic Filing Entry only	\$	
Sum of line 7 and amount of in-kind loans received (line 9)	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**John Curp, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**6/09/05**  
Date

Contribution  
pages **16**

Expenditure  
pages **5**

Other  
pages **2**

Total  
pages **23**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>MICHAEL DERFLINGER JR</b>					Registration Number, if PAC		
Street Address <b>4295 TARBEN WOODS</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   5</b>	D <b>2   1</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>ELIZABETH RAREY</b>					Registration Number, if PAC		
Street Address <b>8081 WORTHINGTON ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>GALENA</b>	State <b>O   H</b>	Zip Code <b>43021</b>	M <b>0   5</b>	D <b>1   9</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>JEFFREY GREENBERG</b>					Registration Number, if PAC		
Street Address <b>1742 RIVER RIDGE DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>SPRING VALLEY</b>	State <b>O   H</b>	Zip Code <b>45370</b>	M <b>0   5</b>	D <b>2   2</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>ELIZABETH M HARDEN</b>					Registration Number, if PAC		
Street Address <b>6404 STOLL LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CINCINNATI</b>	State <b>O   H</b>	Zip Code <b>45236</b>	M <b>0   5</b>	D <b>2   2</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>BARBARA RICH</b>					Registration Number, if PAC		
Street Address <b>2749 BELLA VIA AVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43231</b>	M <b>0   5</b>	D <b>1   2</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>JOSEPH CAVANESS</b>					Registration Number, if PAC		
Street Address <b>106 DAVIS ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>MONTICELLO</b>	State <b>A   K</b>	Zip Code <b>71655</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>KENT MARKUS</b>					Registration Number, if PAC		
Street Address <b>5636 INDIAN HILL RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>YAVITCH &amp; PALMER CO. L.P.A.</b>					Registration Number, if PAC		
Street Address <b>511 S. HIGH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>0   9</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 725.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>SHERMAN L LYNEM</b>					Registration Number, if PAC		
Street Address <b>6703 PLAINFIELD RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CINCINNATI</b>	State <b>O   H</b>	Zip Code <b>45236</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>RUBY GRAHAM EMERSON</b>					Registration Number, if PAC		
Street Address <b>7118 AUTUMN FORREST DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>MEMPHIS</b>	State <b>T   N</b>	Zip Code <b>38125</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor <b>JACQUELINE GRAHAM</b>					Registration Number, if PAC		
Street Address <b>709 S RAILROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>MCGEEHEE</b>	State <b>A   R</b>	Zip Code <b>71654</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>MILDRED F. CROSS</b>					Registration Number, if PAC		
Street Address <b>1503 NORTH HICKORY</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>PINE BLUFF</b>	State <b>A   R</b>	Zip Code <b>71601</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>SMITH &amp; HALE</b>					Registration Number, if PAC		
Street Address <b>37 WEST BROAD STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>FELIX GRAHAM</b>					Registration Number, if PAC		
Street Address <b>1241 W 56TH STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>MERRILVILLE</b>	State <b>I   N</b>	Zip Code <b>46410</b>	M <b>0   4</b>	D <b>2   4</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>JAMEHL DEMONS SHEGOG</b>					Registration Number, if PAC		
Street Address <b>905 BILOXI AVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>KERNERSVILLE</b>	State <b>N   C</b>	Zip Code <b>27284</b>	M <b>0   4</b>	D <b>2   4</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **525.00**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>													
Full Name of Contributor <b>SANA BARRETT</b>						Registration Number, if PAC							
Street Address <b>114 BROADMEADOW BLVD APT B</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43214</b>		M <b>0   5</b>		D <b>0   6</b>		Y <b>0   5</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>SHERRY LYNN CAFFEY</b>						Registration Number, if PAC							
Street Address <b>4790 E LIVINGSTON RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43227</b>		M <b>0   5</b>		D <b>0   6</b>		Y <b>0   5</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>PAULA LLOYD</b>						Registration Number, if PAC							
Street Address <b>8055 FAIRWAY DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43235</b>		M <b>0   5</b>		D <b>0   6</b>		Y <b>0   5</b>		Amount <b>20.00</b>	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor <b>CYNDY SECKERSON</b>						Registration Number, if PAC							
Street Address <b>4551 HUCKLEBERRY CT</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>HILLIARD</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>0   5</b>		D <b>2   6</b>		Y <b>0   5</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>DAVE PETERSON</b>						Registration Number, if PAC							
Street Address <b>4551 HUCKLEBERRY CT</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>HILLIARD</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>0   5</b>		D <b>2   6</b>		Y <b>0   5</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>JOYE SAUNDERS</b>						Registration Number, if PAC							
Street Address <b>3596 BREMEN ST</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43224</b>		M <b>0   5</b>		D <b>2   6</b>		Y <b>0   5</b>		Amount <b>20.00</b>	
Full Name of Contributor <b>KRISTOPHER HAINES</b>						Registration Number, if PAC							
Street Address <b>3572 JUNIPER ST</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>						
City <b>GROVE CITY</b>		State <b>O   H</b>		Zip Code <b>43123</b>		M <b>0   5</b>		D <b>2   6</b>		Y <b>0   5</b>		Amount <b>20.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>ADAM ELIOT</b>					Registration Number, if PAC		
Street Address <b>400 S. FIFTH ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>30.00</b>	
Full Name of Contributor <b>CARA ORR</b>					Registration Number, if PAC		
Street Address <b>139 WESTVIEW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>TIM MANGAN</b>					Registration Number, if PAC		
Street Address <b>873 FALKIRK CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>PICKAWAY</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>JEFFREY BENNINGTON</b>					Registration Number, if PAC		
Street Address <b>508 SPRINGHOLLOW ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CIRCLEVILLE</b>	State <b>O   H</b>	Zip Code <b>43113</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>BILL HEDRICK</b>					Registration Number, if PAC		
Street Address <b>838 THURBER DRIVE WEST APT22</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   4</b>	D <b>1   4</b>	Y <b>0   5</b>	Amount <b>2,250.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   5</b>	D <b>0   6</b>	Y <b>0   5</b>	Amount <b>1,025.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   5</b>	D <b>1   9</b>	Y <b>0   5</b>	Amount <b>825.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **4,180.00**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>1,100.00</b>	
			0	5	2	6	0
			5				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

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Page Total \$ **1,100.00**

Event Date 04/14/05

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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Andrea Peeples for Judge</b>					
Full Name of Contributor <b>LAUREL A BEATTY</b>				Registration Number, if PAC	
Street Address <b>600 S. Grant Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>100.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>ROBERT CHILTON</b>				Registration Number, if PAC	
Street Address <b>3736 TALIESIN PLACE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43219</b>	Amount <b>50.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>MICHAEL SHAWN DINGUS</b>				Registration Number, if PAC	
Street Address <b>213 POWHATAN AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Amount <b>100.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>MICHAEL BROWN</b>				Registration Number, if PAC	
Street Address <b>1142 PENNSYLVANIA AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Amount <b>50.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>VORYS SATER SEYMOUR AND PEASE LLP ADVOCATE</b>				Registration Number, if PAC <b>OH109</b>	
Street Address <b>52 E. GAY STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>250.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>STACEY LAMBRIGHT</b>				Registration Number, if PAC	
Street Address <b>274 TIMBER HEARTH COURT</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>NEWARK</b>	State <b>O</b>	Zip Code <b>43055</b>	Amount <b>250.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					
Full Name of Contributor <b>MICHAEL MCCORD</b>				Registration Number, if PAC	
Street Address <b>811 STRAWBERRY HILL RD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Amount <b>250.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>					

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**2250.00**

Total expenditures this event

**816.76**

Page Total \$ **1,050.00**

Event Date 04/14/05

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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLE FOR JUDGE</b>						
Full Name of Contributor <b>MICHAEL SEXTON</b>			Registration Number, if PAC			
Street Address <b>9 BUTTLES AVE APT 414</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>WILBURN C WEDDINGTON</b>			Registration Number, if PAC			
Street Address <b>75 N OHIO AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>250.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43203-1950</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ED LEONARD</b>			Registration Number, if PAC			
Street Address <b>4025 BERRYBUSH DR</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>JEREMY DODGION ATTORNEY AT LAW CO., L.P.A.</b>			Registration Number, if PAC			
Street Address <b>1188 S HIGH ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>200.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DEBRA ELIOT</b>			Registration Number, if PAC			
Street Address <b>2466 FAIR AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>500.00</b>
City <b>BEXLEY</b>	State <b>O</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>BILL HEDRICK</b>			Registration Number, if PAC			
Street Address <b>838 THURBER DRIVE WEST APT22</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,200.00



Event Date	05/06/05
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>					
Full Name of Contributor <b>VERNON PRINGLE</b>				Registration Number, if PAC	
Street Address <b>184 NELSON ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>LEBANON</b>	State <b>O</b>	Zip Code <b>45036</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>JOSEPH MAS</b>				Registration Number, if PAC	
Street Address <b>206 HIAWATHA AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>WESTERVILLE</b>	State <b>O</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>JOSHUA COX</b>				Registration Number, if PAC	
Street Address <b>60 SHEFFIELD ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>OTTO BEATTY III</b>				Registration Number, if PAC	
Street Address <b>600 S. GRANT STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>JOYE SAUNDERS</b>				Registration Number, if PAC	
Street Address <b>3596 BREMEN STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>STEPHEN L. MCINTOSH</b>				Registration Number, if PAC	
Street Address <b>799 NOB HILL DR.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>GAHANNA</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>JEFFREY S. FURBEE</b>				Registration Number, if PAC	
Street Address <b>969 WOODHILL DR.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>CHECK</b>		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1025.00**

Total expenditures this event

**285.00**

Page Total \$ **500.00**

Event Date 5/06/05

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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>TIMOTHY J NANGAN</b>				Registration Number, if PAC			
Street Address <b>873 FALKIRK CT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>PICKERINGTON</b>	State <b>O</b>	H	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>KATHY A OWENS</b>				Registration Number, if PAC			
Street Address <b>2550 TUCKER TRAIL</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>LEWIS CENTER</b>	State <b>O</b>	H	Zip Code <b>43035</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JAMES VERGALLITO III</b>				Registration Number, if PAC			
Street Address <b>204 E. ROYAL FOREST BLVD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JENIFER S THOMPSON</b>				Registration Number, if PAC			
Street Address <b>7482 VISTA LAKE WAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>POWELL</b>	State <b>O</b>	H	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>AARON L GRANGER</b>				Registration Number, if PAC			
Street Address <b>3293 SAINT BERNARD CIR</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	60.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>LEE A DARDEN</b>				Registration Number, if PAC			
Street Address <b>5942 CLIPPER LANDING DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MICHAEL WANDER</b>				Registration Number, if PAC			
Street Address <b>6631 COLLINGWOOD DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	40.00
City <b>WESERVILLE</b>	State <b>O</b>	H	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>CHECK</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 325.00

Event Date 05/06/05

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# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>				
Full Name of Contributor <b>BILL HEDRICK</b>			Registration Number, if PAC	
Street Address <b>838 THURBER DRIVE WEST APT22</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>COLUMBUS</b>	State O	Zip Code <b>43215</b>	Y 6	Amount <b>50.00</b>
Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>JEREMY DODGION ATTORNEY AT LAW CO. LPA</b>			Registration Number, if PAC	
Street Address <b>1188 S. HIGH STREET</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>COLUMBUS</b>	State O	Zip Code <b>43206</b>	Y 6	Amount <b>50.00</b>
Form(Cash,Check,etc) <b>CHECK</b>				
Full Name of Contributor <b>DAVID DURR</b>			Registration Number, if PAC	
Street Address <b>685 COLLINGWOOD DRIVE</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>WESTERVILLE</b>	State O	Zip Code <b>43082</b>	Y 6	Amount <b>50.00</b>
Form(Cash,Check,etc) <b>CASH</b>				
Full Name of Contributor <b>GEORGE CALLOWAY</b>			Registration Number, if PAC	
Street Address <b>5764 OLD TRAIL CT</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>COLUMBUS</b>	State O	Zip Code <b>43213</b>	Y 6	Amount <b>50.00</b>
Form(Cash,Check,etc) <b>CASH</b>				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Event Date	05/19/05
Page	1.2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ANDREA PEEPLES FOR JUDGE</b>					
Full Name of Contributor <b>JENIFER J LOPEZ</b>				Registration Number, if PAC	
Street Address <b>4289 VAUX LINK</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>NEW ALBANY</b>	State <b>O</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>SCOTT R BAIR</b>				Registration Number, if PAC	
Street Address <b>5159 WOODSIDE DRIVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>35.00</b>
Full Name of Contributor <b>RYAN P JOLLEY</b>				Registration Number, if PAC	
Street Address <b>187 REGENTS RD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>WILLIAM G COUCH II</b>				Registration Number, if PAC	
Street Address <b>721 KERR ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>JEFF L CARSON</b>				Registration Number, if PAC	
Street Address <b>7481 MORSE RD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>NEW ALBANY</b>	State <b>O</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>TARA G STOKES</b>				Registration Number, if PAC	
Street Address <b>845 ANNAGLADYS DR</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>
Full Name of Contributor <b>PAUL SCOTT CO L.P.A.</b>				Registration Number, if PAC	
Street Address <b>536 S HIGH ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>350.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**825.00**

Total expenditures this event

Page Total \$ **610.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ANDREA PEEPLES FOR JUDGE</b>					
Full Name of Contributor <b>MARLENE EADER</b>				Registration Number, if PAC	
Street Address <b>481 PEALE CT</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   9   0   5</b>	Amount <b>40.00</b>	
City <b>GAHANNA</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CASH</b>		
Full Name of Contributor <b>ROB EMRICH</b>				Registration Number, if PAC	
Street Address <b>731 KERR STREET</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   9   0   5</b>	Amount <b>25.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>MICAH BERMAN</b>				Registration Number, if PAC	
Street Address <b>136 S ROOSEVELT AVE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   9   0   5</b>	Amount <b>50.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>KEVIN S HAIRSTON</b>				Registration Number, if PAC	
Street Address <b>215 MAYBANK COURT</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   3   0   5</b>	Amount <b>50.00</b>	
City <b>GAHANNA</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>HEATHER HISSOM</b>				Registration Number, if PAC	
Street Address <b>463 CANTERWOOD CT</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   9   0   5</b>	Amount <b>50.00</b>	
City <b>GAHANNA</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>CASH</b>		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 215.00

Event Date	05/26/05
Page	14

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
Full Name of Contributor <b>JACK L MOSER</b>				Registration Number, if PAC			
Street Address <b>400 S FIFTH STREET SUITE 102</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>RUSSELL GOODWIN</b>				Registration Number, if PAC			
Street Address <b>103 E FIRST AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>EARL FROST</b>				Registration Number, if PAC			
Street Address <b>131 E N BROADWAY</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>SCOTT J VARNER</b>				Registration Number, if PAC			
Street Address <b>1002 HUNTER AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>BILL R HEDRICK</b>				Registration Number, if PAC			
Street Address <b>838 THURBER DRIVE WEST APT22</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	50.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>JOHN W SOWERS</b>				Registration Number, if PAC			
Street Address <b>466 STANLEY AVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	35.00
City <b>COLUMBUS</b>		State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>CHECK</b>		
Full Name of Contributor <b>DONALD J GEINER</b>				Registration Number, if PAC			
Street Address <b>4025 ANGOLA RD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	35.00
City <b>TOLEDO</b>		State <b>O</b>	H	Zip Code <b>43615</b>	Form(Cash,Check,etc) <b>CHECK</b>		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1100.00

Total expenditures this event

60.00

Page Total \$ 520.00

Event Date	05/26/05
Page	15

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>					
Full Name of Contributor <b>JOYE E SAUNDERS</b>				Registration Number, if PAC	
Street Address <b>3596 BREMEN ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>20.00</b>
Full Name of Contributor <b>KRISTOPHER A HAINES</b>				Registration Number, if PAC	
Street Address <b>3572 JUNIPER ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>GROVE CITY</b>	State <b>O</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>10.00</b>
Full Name of Contributor <b>AJITH A BALARATNARAJAH</b>				Registration Number, if PAC	
Street Address <b>7444 MURRAYFIELD DRIVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>3</b>
City <b>WORTHINGTON</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>CATHERINE GIRVES</b>				Registration Number, if PAC	
Street Address <b>2300 INDIANOLA AVENUE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43202</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>BRIAN G MILLER CO. L.P.A.</b>				Registration Number, if PAC	
Street Address <b>175 SOUTH THIRD STREET ST 350</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>SHAREEF RABAA</b>				Registration Number, if PAC	
Street Address <b>5812 N HIGH ST</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>100.00</b>
Full Name of Contributor <b>ANGELA ELLAS</b>				Registration Number, if PAC	
Street Address <b>222 LETCHWORTH AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>100.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **530.00**

Event Date	5/26/05
Page	16

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>					
Full Name of Contributor <b>BARBARA RICH</b>				Registration Number, if PAC	
Street Address <b>1398 HARRISON POND DRIVE</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   2   6   0   5</b>	Amount <b>50.00</b>
City <b>NEW ALBANY</b>		State <b>O   H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>CASH</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 50.00



# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>				
Full Name of Contributor <b>ANDREA PEEPLES</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>5596 WINSOR WOODS</b>	Description of Item or Service <b>POSTAGE</b>	M <b>0</b>	D <b>5</b>	Fair Market Value <b>23.00</b>
City <b>COLUMBUS</b>	State <b>O</b>   Zip Code <b>H 43230</b>	Y <b>1</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>ANDREA PEEPLES</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>5596 WINSOR WOODS</b>	Description of Item or Service <b>COMPUTER SUPPLIES</b>	M <b>0</b>	D <b>5</b>	Fair Market Value <b>28.42</b>
City <b>COLUMBUS</b>	State <b>O</b>   Zip Code <b>H 43230</b>	Y <b>1</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State   Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State   Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State   Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State   Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State   Zip Code	Y	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>							
To Whom Paid <b>YAEGER GRAPHICS</b>				M 0   4	D 1   4	Y 0   5	Amount <b>1,382.41</b>
Address <b>935 W. THIRD ST</b>		Purpose <b>CAMPAIGN LITERATURE AND SIGNS</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Check Number <b>1003</b>				
To Whom Paid <b>YAEGER GRAPHICS</b>				M 0   5	D 0   2	Y 0   5	Amount <b>350.14</b>
Address <b>935 W. THIRD ST</b>		Purpose <b>POST CARDS</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Check Number <b>1005</b>				
To Whom Paid <b>ANDREA PEEPLES</b>				M 0   5	D 0   6	Y 0   5	Amount <b>55.40</b>
Address <b>5596 WINSOR WOODS DRIVE</b>		Purpose <b>REIMBURSEMENT - POSTAGE</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Check Number <b>1008</b>				
To Whom Paid <b>ANDREA PEEPLES</b>				M 0   5	D 0   6	Y 0   5	Amount <b>81.69</b>
Address <b>5596 WINSOR WOODS DRIVE</b>		Purpose <b>REIMBURSEMENT - TELEPHONE</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Check Number <b>1009</b>				
To Whom Paid <b>MEGAN KILGORE</b>				M 0   5	D 0   6	Y 0   5	Amount <b>158.78</b>
Address <b>685 KERR STREET</b>		Purpose <b>PARADE SUPPLIES</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Check Number <b>1010</b>				
To Whom Paid <b>SBC</b>				M 0   5	D 1   8	Y 0   5	Amount <b>31.89</b>
Address <b>SAGINAW</b>		Purpose <b>TELEPHONE</b>					
City <b>SAGINAW</b>	State <b>M   I</b>	Zip Code <b>48663</b>	Check Number <b>1012</b>				
To Whom Paid <b>ANDREA PEEPLES</b>				M 0   5	D 2   0	Y 0   5	Amount <b>833.40</b>
Address <b>5596 WINSOR WOODS DRIVE</b>		Purpose <b>REIMBURSEMENT - T-SHIRTS</b>					
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Check Number <b>1013</b>				
To Whom Paid <b>GRAPHIC T'S INC.</b>				M 0   5	D 2   6	Y 0   5	Amount <b>160.12</b>
Address <b>532R MAIN STREET</b>		Purpose <b>CAMPAIGN BANNER</b>					
City <b>GROVEPORT</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Check Number <b>1016</b>				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>												
To Whom Paid <b>BUCKEYE PM</b>						M	D	Y	Amount			
						0	5	2	7	0	5	800.00
Address <b>217 GRANT AVE</b>				Purpose <b>CAMPAIGN FLYERS</b>								
City <b>COLUMBUS</b>				State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>1017</b>				
To Whom Paid <b>TEAMSTERS LOCAL 413</b>						M	D	Y	Amount			
						0	5	2	0	0	5	100.00
Address <b>555 E RICH STREET</b>				Purpose <b>GOLF OUTING HOLE SPONSOR</b>								
City <b>COLUMBUS</b>				State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>1014</b>				
To Whom Paid <b>HUNTINGTON BANK</b>						M	D	Y	Amount			
						0	5	1	6	0	5	20.00
Address <b>41 S. HIGH STREET</b>				Purpose <b>SERVICE FEES</b>								
City <b>COLUMBUS</b>				State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>N/A</b>				
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount			
						0	4	1	4	0	5	816.76
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount			
						0	5	0	6	0	5	285.00
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount			
						0	5	2	6	0	5	60.00
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee to Andrea Peeples for Judge</b>								
To Whom Paid <b>The Hawk Galleries</b>					M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>450.00</b>
Address <b>153 E. Main Street</b>		Purpose <b>Location Rental</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1004</b>				
To Whom Paid <b>LEMON GRASS</b>					M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>200.00</b>
Address <b>641 N HIGH STREET</b>		Purpose <b>CATERING</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1002</b>				
To Whom Paid <b>ANDREA PEEPLES</b>					M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>119.53</b>
Address <b>5596 WINSOR WOODS DR</b>		Purpose <b>REIMBURSEMENT FOR BEVERAGES-The Andersons</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43230</b>	Check Number <b>1007</b>				
To Whom Paid <b>Megan Kilgore</b>					M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>47.23</b>
Address <b>685 Kerr Street</b>		Purpose <b>PARTY SUPPLIES</b>						
City <b>COLUMBUS</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1011</b>				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>								
To Whom Paid <b>THE NETWORK</b>					M <b>0</b>	D <b>5</b>	Y <b>2</b>	Amount <b>60.00</b>
Address <b>525 PARK STREET</b>		Purpose <b>CATERING</b>						
City <b>COLUMBUS</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1015</b>			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>									
To Whom Paid <b>BROWNSTONE ON MAIN</b>						M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>285.00</b>
Address <b>122 E MAIN STREET</b>		Purpose <b>CATERING</b>							
City <b>COLUMBUS</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1006</b>				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE</b>												
From Whom Received <b>CALVIN L PEEPLES</b>								Prior Amount <b>7,500.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>6401 STOLL LANE</b>										Outstanding Balance <b>7,500.00</b>		
City <b>CINCINNATI</b>		State <b>OH</b>		Zip Code <b>45236</b>		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		3	1	6	0	5		0				0
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 7,500.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 7,500.00 (To Form No. 30-A)